

Name in Full

Certificate of Death

Amelia Knude Birnie ✓

Town

County

Died at

Tawny Town

Carroll

MARYLAND

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

June

22

Age

83-4-20

Md

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

8

Husband of

Wife

Rogers Birnie

Father's

Mother's

Name

Geo J. Harry

Maiden Name

Amelia Knude

Cause of

Primary

old age

How long sick

Death

Immediate

Sarcoma

Accident, Suicide, Homicide

Reported by

L. Birnie m.d.

Address

Tawny town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Robert Butler

16

Died at ^{Town} Mt Airy ^{County} Carroll

MARYLAND

Date 1903 ^{Month} June ^{Day} 13 ^{Y.} 11 ^{M.} 11 ^{D.} 29 ^{Native of} Ind. ^{Occupation} child

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband
of
Wife

Father's Name Robert Butler ⁷⁹ Mother's Name Lou Hopkins

Cause of Death { Primary Cardiac Hypertrophy How long sick 1 year
 Immediate Valvular Insufficiency Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary J. Carr

Town

County

Died at Springfield State Hospital Rykesville Carroll Co MARYLAND

Date 19 03 Month 6 Day 10 Y. 56 M. 0 Native of Md Occupation Domestic

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 5

Husband of ?

Wife

Father's Name ?

Mother's Name ?

Maiden Name

Cause of Death Primary Epileptic Dementia 69 Immediate Tuberculosis. How long sick Four months. Accident, Suicide, Homicide

Reported by

John Norfolk Morris M.D.

Address

Rykesville Carroll Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Ellen Clingan

Town *Uniontown* County *Carroll* MARYLAND

Died at *Uniontown Carroll*

Date 1903 *June 15th* Age *46-11-5* Native of *Ind.* Occupation *Housewife*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *6*

Husband of *John T Clingan*

Wife

Father's Name *Lewis Whitson* Mother's Name *Mary J Shamm*

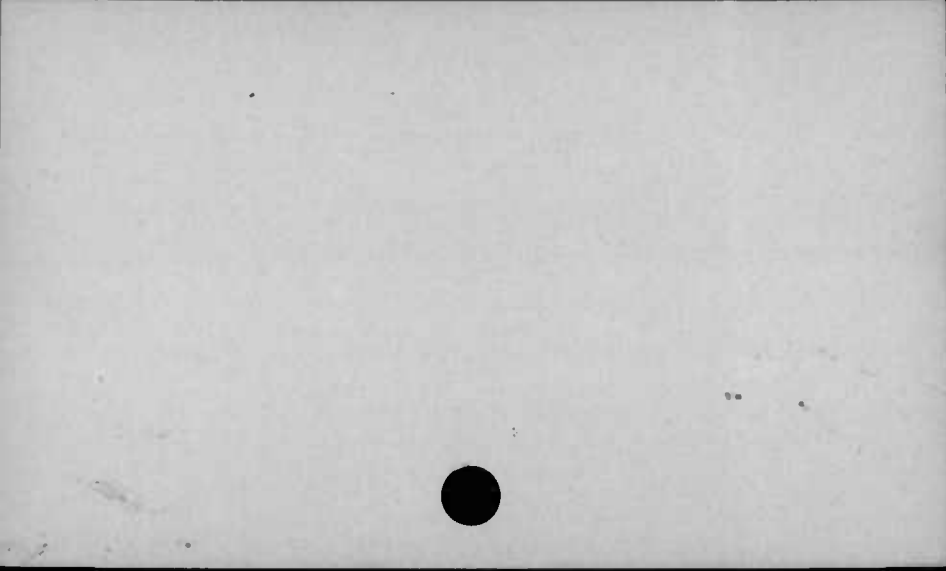
Cause of Death { Primary *Tuberculosis of Lungs & Kidneys* Immediate *Algae Coma* How long sick *One year* ~~Accident, Suicide, Homicide~~

Reported by *Luther Stunk* 27

Address *Uniontown Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificete of Deeth

Died at

Date 19

Male

Husband
of
WifeFether's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupetion

Age

~~Marrned~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Maiden Name

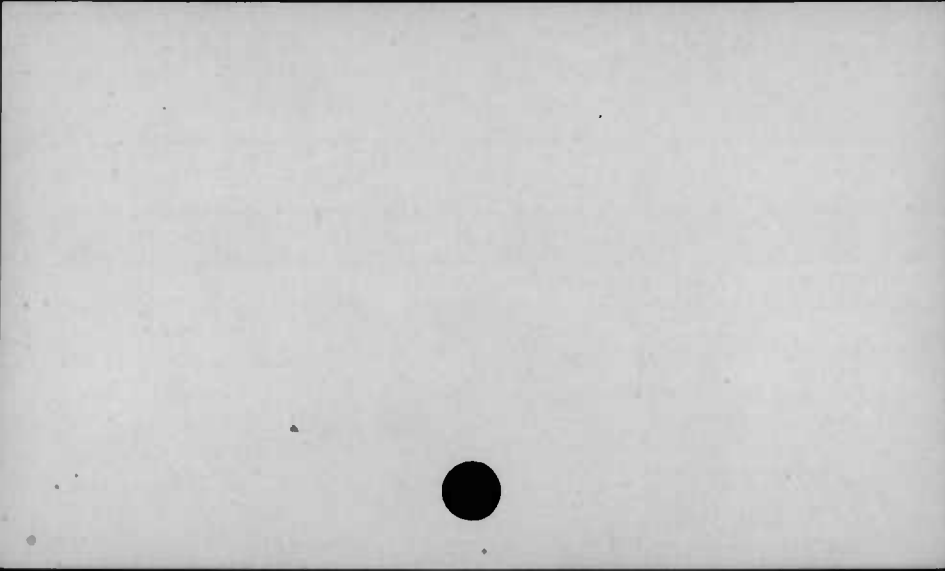
Primary

Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79692



Keener L. Costley
 Died at Winfield Town Carroll County MARYLAND

Date 1903 Month 6 Day 16 Age 1 Y. 9 M. 17 D. Native of MD Occupation —
 Male White Married Widow Divorced —
~~Female~~ Colored Single Widower Number of children living —

Husband of —
 Wife —

Father's Name Keener Costley Mother's Name Hannah E. Costley
 Maiden Name —

Cause of Death { Primary Pneumonia, Whooping Cough How long sick Two weeks.
 Immediate Bronchial Infection Accident, Suicide, Homicide

Reported by J. P. Walker Son
 Address Winfield Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Cunningham

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

6

19

Age 53

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

—

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chronic nephritis

How long sick

2 days

Death

Immediate

Uraemia

120

Accident, Suicide, Homicide

Reported by

Chas. J. Carey M.D.

Address

Springfield State Hospital Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Amanda M. Gaither

Town

County

Died at Gaithers

Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

June 2

Age

55 11 19

Md.

none

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Name

John C. Gaither

Augustus Mercer

Amanda Beasman

Cause of

Primary

Mitral Stenosis

How long sick

11 yrs.

Death

Immediate

Hemorrhage

79

Accident, Suicide, Homicide

Reported by

M D Morris. M.D.

Address

Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary A. Goulden

Town

County

Died at

Taneytown

Carroll

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 9th

Age

85 2 21

Ind

Housewife

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living 3

Husband

of

Wife

William Goulden

Father's

Name

Joseph Myrie

Mother's

Maiden Name

Christina Althoff

Cause of

Primary

Old Age

How long sick

6 mos

Death

Immediate

Calculus in Kidney

Accident, Suicide, Homicide

Reported by

L. Barnie M

Address

Taneytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Amanda A. Groff

CERTIFICATE OF DEATH

376

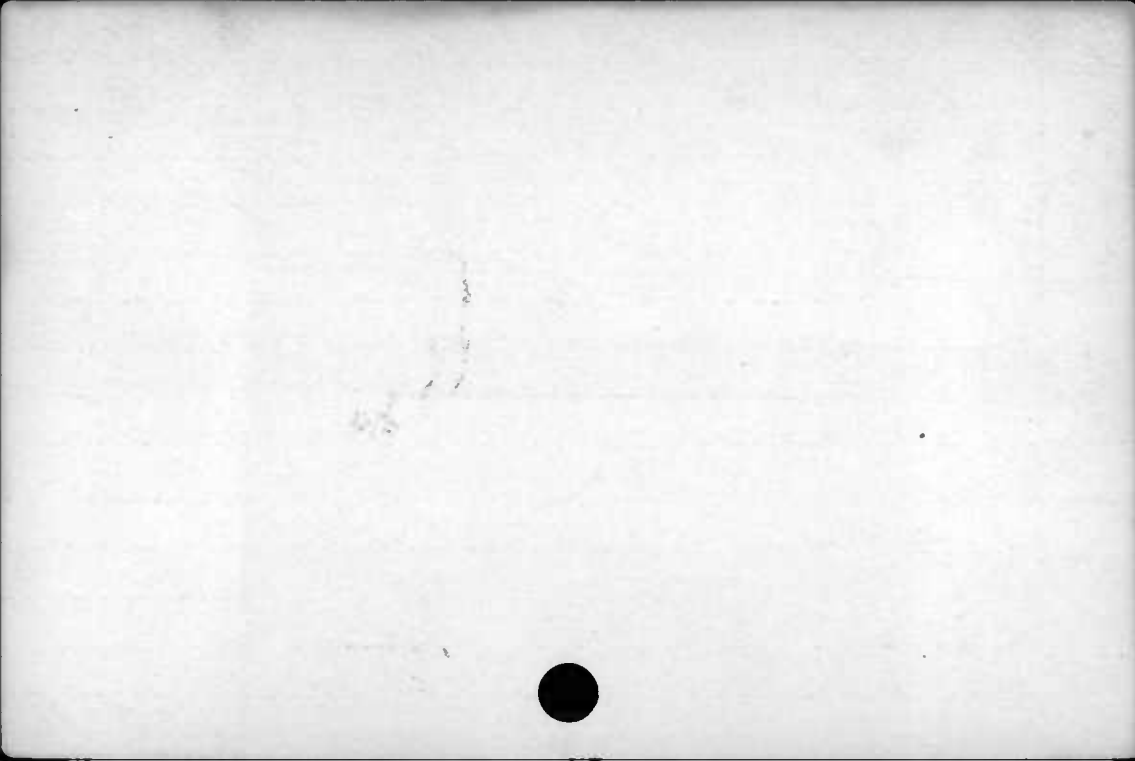
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>7th</i>	Age <i>41</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>		Occupation					
Name of Wife Husband <i>Joseph Groff</i>				Father's Birthplace <i>Germany</i>			
Father's Name <i>John Antz</i>				Mother's Birthplace <i>do</i>			
Mother's Maiden Name <i>Lidia Ann Shaeffer</i>				How related to deceased <i>Husband</i>			
Name of person giving information <i>Joseph Groff</i>							

CAUSES OF DEATH

PHYSICIAN
or
CORONER

Primary <i>Phthisis</i>	How long
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm D. Williams</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Died at *John Harrison*
 Town *Woodbine* County *Carroll* MARYLAND

Date 1903 *June 6* Month *June* Day *6* Age *72* Y. *3* M. *13* D. *Ind* Native of *Ind* Occupation *Farmer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *5*

Husband of *Margarette Harrison*
 Wife of *—*
 Father's Name *—* Mother's Name *—*
 Maiden Name *—*

Cause of Death { Primary *Cardiac Hypertrophy* How long sick *3 years*
 { Immediate *Heart failure* ~~Accident, Suicide, Homicide~~

Reported by *E D Crouk M.D.*
 Address *Winfield Carroll Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Matilda Jordan

CERTIFICATE OF DEATH

369

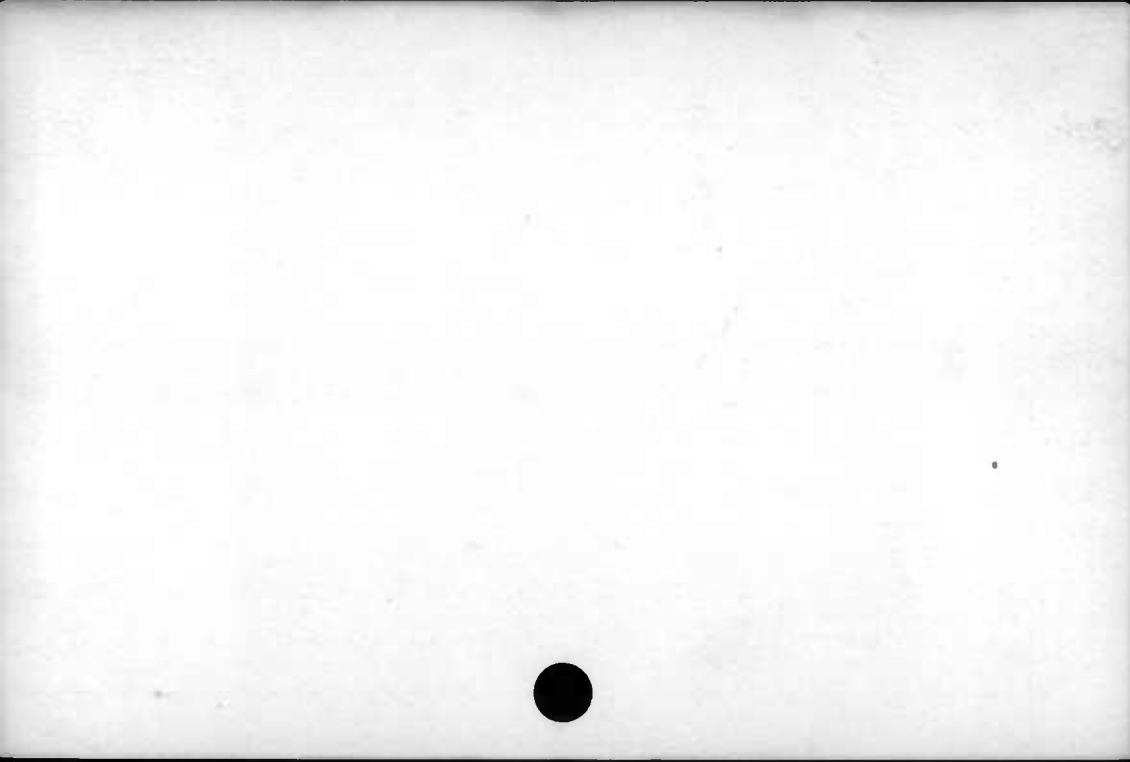
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bird Hill</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>5</i>	Years <i>78</i>	Months <i>5</i>	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>House wife</i>		
Name of Wife <i>Husband</i> <i>Jacharion L Jordan</i>					
Father's Name <i>Luke Wagers</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Hammiie Triggell</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>L.C. Jordan</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fatty heart</i>	How long <i>2 yrs</i>
Immediate <i>Dyspnea</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. S. N. Garrison</i>
	Address <i>Gamber Md</i>
Accident or Suicide?	



Name
in
Full

372

Nancy Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Prestonsville		County Carroll		MARYLAND	
Date of death	1903	Month June	Day 9	Age 77	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Md.
Married, Single or Widowed	Widow			Occupation Retired			
Name of Wife or Husband							
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information					How related to deceased		
Alfred Yingling					Son-in-law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	3 days
Immediate	Emphysema	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
J		John S. Mathias	
Accident or Suicide?		Address Prestonsville Md.	

At Silver run

Name
in
Full

Daniel Lyons

CERTIFICATE OF DEATH

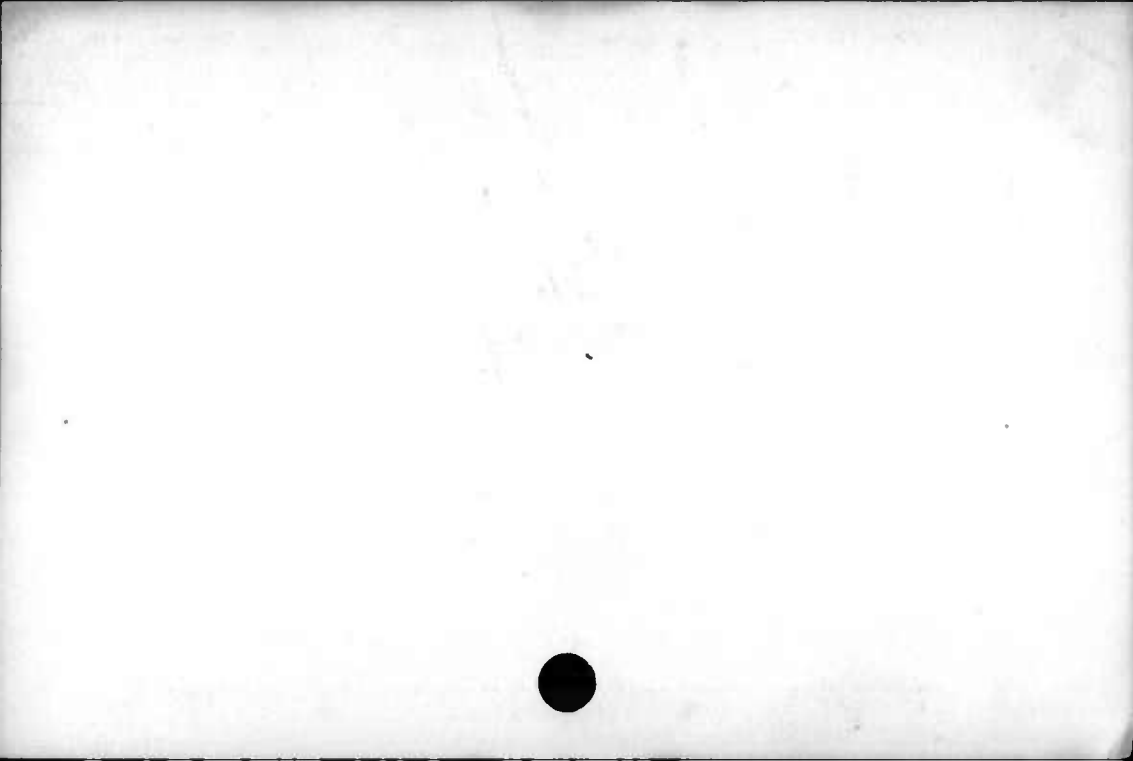
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leicesterville</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>June</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age <u>74</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Ireland</u>		
Married, Single or Widowed <u>widower</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>Deceased</u>					
Father's Name <u>Jarmia Lyons</u>			Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Joanna Sullivan</u>			Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>Kate Lyons</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bronchitis</u>	How long <u>2 or 3 years</u>
Immediate <u>Pneumonia</u>	How long <u>about 2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Campbell</u>
	Address <u>Lowmings Mills. Ind</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hampstead		County Carroll		MARYLAND	
Date of death 190	3	Month 6	Day 6	Age 77	Years —	Months —	Days 15
Sex	Female		Color or Race	White		Birth- place	—
Married, Single or Widowed	Married			Occupation	Housewife		
Name of Wife or Husband Levin J. Martin							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Leonidas 120		How long	one or two year
Immediate	Epilepsia		How long	two months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
J		R. C. Wells M.D.		
		Address		
		Hampstead		
		Maryland		
Accident or Suicide?				

1903-~~8~~ - 6

77-

15-

1826 5-21
15-

Name
in
Full

CERTIFICATE OF DEATH

268

TO BE ANSWERED BY
NEAREST FRIEND

Henry Mengel

Died at East River ^{Town} Carroll ^{County} MARYLAND
 Date of death 1903 ^{Month} June ^{Day} 5 ^{Years} 26 ^{Months} — ^{Days} —
 Sex Male Color or Race White Birth-place Maryland
 Married, Single or Widowed Single Occupation Farmer
 Name of Wife or Husband —

Father's Name William Mengel Father's Birthplace Germany
 Mother's Maiden Name Mary Eckel Mother's Birthplace —
 Name of person giving information John. Rosenberg How related to deceased ~~Brother~~
 CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Quarantined Tuberculosis How long 7
 Immediate Chancres & Hemorrhages How long —
 Are the name, age, sex, color, date and place correctly given above? —
 Signature of Physician Sam O'Connell M.D.
 Address Washington
 Accident or Suicide? —

Ken Allen



Name
in
Full

Charity Mounshower

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Bark Hill				Carroll			
Date of death 190	3	Month	June	Day	5	Age	88
						Months	5
						Days	13
Sex	female		Color or Race	white		Birth-place	Maryland
Married, Single or Widowed	Widowed			Occupation	Lobarer		
Name of Wife or Husband	Joseph Mounshower						
Father's Name	Peter Hollenberger					Father's Birthplace	
Mother's Maiden Name	Margaret Kugler					Mother's Birthplace	
Name of person giving information	Nora Eckard					How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old Age	How long	One week
Immediate	Heart Failure	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Luther Kemp
		Address	Uniontown Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Elsworth Murray

TO BE ANSWERED BY
NEAREST FRIEND

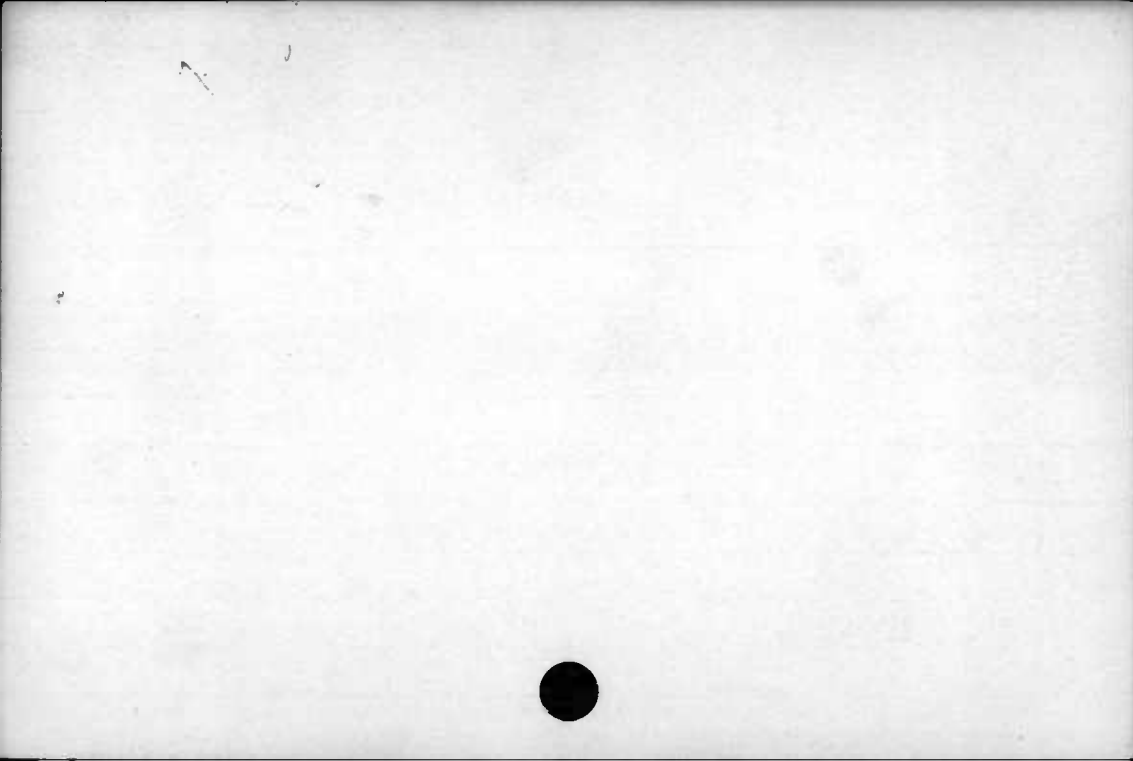
367

Died at <i>Carrollton</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>2</i>	Age <i>35</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Catharine Blizzard</i>					
Father's Name <i>Ephraim Murray</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Leont No</i>			Mother's Birthplace		
Name of person giving information <i>Charles Taylor</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Juliusburg Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Heart failure & apoplexy</i>	How long <i>2-3 yrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John D. Wells</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

373

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Viola Ogg		Town East View		County Carroll		MARYLAND	
Died at East View		Month June		Day 24		Years 19	
Date of death 1903		Month June		Day 24		Months —	
Sex Female		Color or Race White		Birth-place Maryland		Days —	
Married, Single or Widowed Single		Occupation —		—		—	
Name of Wife or Husband —		—		—		—	
Father's Name George Washington Ogg		Father's Birthplace Maryland		Mother's Birthplace do		How related to deceased Brother	
Mother's Maiden Name Jennie Williams		—		—		—	
Name of person giving information Geo C Ogg		—		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Miliary Tuberculosis	How long 6 Months
Immediate of exhaustion	How long 6 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician 34 Wm D. Wells
Address —	—
Accident or Suicide?	—

Name In Full

Certificate of Death

Matthew Prettyman

Town

County

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

4

Husband
of
WifeFather's
Name

Sam Prettyman

Mother's
Maiden Name

Minnie Squire

Cause of

Primary

Summer complaint

How long sick

3 days

Death

Immediate

Deceased

105

Accident, Suicide, Homicide

Reported by

Harry F. Leuby Coroner

Address

Sykesville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

William E Rinchart ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Barnes		MARYLAND	
Date of death 190	3	Month June	Day 10	Age 32	Years	Months 4	Days
Sex Male	Color or Race White		Birth- place Maryland				
Married, Single or Widowed		Married		Occupation Clerk			
Name of Wife or Husband		Carrie B Shaeffer					
Father's Name		William G Rinchart			Father's Birthplace Maryland		
Mother's Maiden Name		Caroline Byers			Mother's Birthplace Do		
Name of person giving In formation		Margaret Tracy			How related to deceased Sister		

CAUSES OF DEATH

Primary	Lympho-Sarcoma		How long	2 months
Immediate	Hand, Arm		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Jos. J. Hering	
		J	Address Westminster	
Accident or Suicide?			Maryland	



Name
in
Full

William Stoner.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Westminster		Carroll					
Date	Month	Day	Age	Years	Months	Days	
of death 1903	June	24	83		3	4	
Sex	Male	Color or Race	White	Birth-place	Union Bridge		
Married, Single or Widowed	Widower		Occupation	Retired			
Name of Wife or Husband							
Father's Name				20.			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				Mary Drehl			
				How related to deceased			
				Daughter			

CAUSES OF DEATH

Primary	Bright's Heart Disease	How long	—
Immediate	Uremia 120	How long	13 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		J. C. Woodward	
Address		Westminster, Md.	
Accident or Suicide?		—	

Bury at Stone chapel

Name
in
Full

William Snook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Double Phe Creek ^{County} Carrow

MARYLAND

Date of death 190 ^{Month} 3 ^{Day} June ^{Years} 20 Age 76 ^{Months} 11 ^{Days} 26

Sex Male Color or Race white Birth-place Carrow Co. Md.

Married, Single or Widowed Widowed Occupation Retired

Name of Wife or Husband

Father's Name Henry Snook Father's Birthplace Md.

Mother's Maiden Name Julia Ann Haugh Mother's Birthplace Md.

Name of person giving information George Dern. Sr. How related to deceased Step-father

CAUSES OF DEATH

Primary Age & heart disease How long Years.

Immediate heart failure 154 How long 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

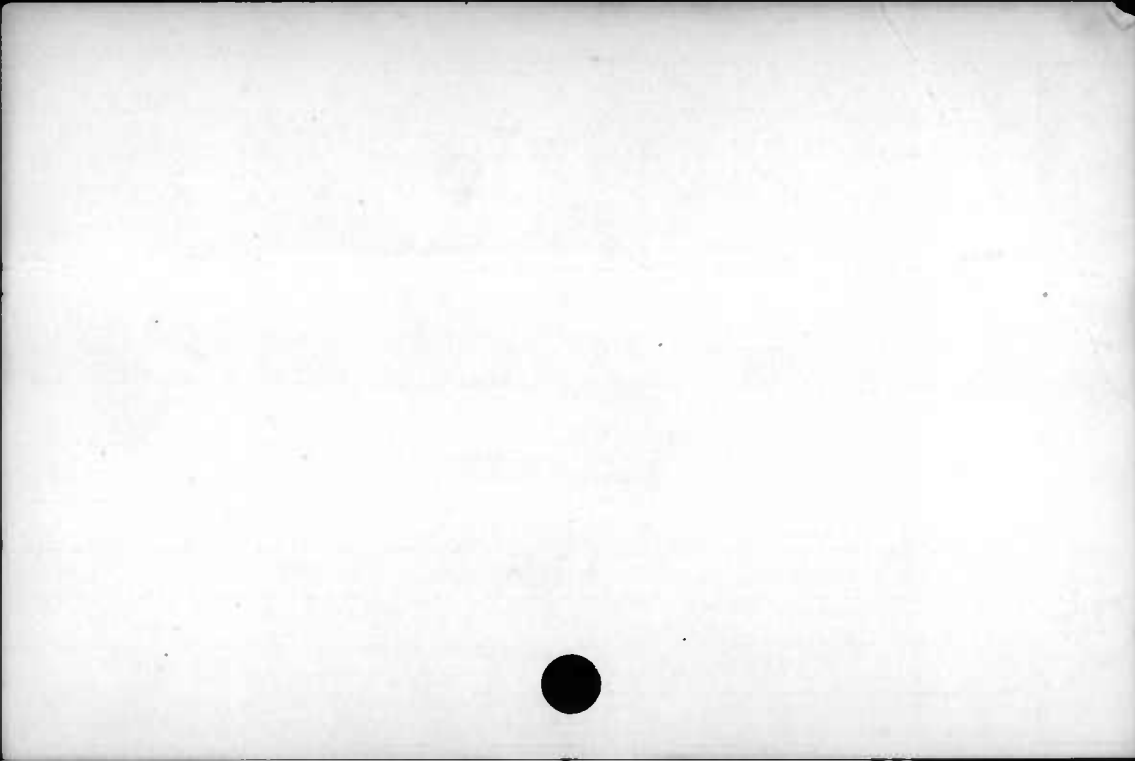
Signature of Physician D. H. Diller

Address D. P. Creek

Maryland

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Edward F. Zepf
 Town Sykesville County Carroll 66 MARYLAND
 Died at
 Date 1903. June 5 Age 73 - 15 Native of Md. Occupation Harness Maker
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 2

Husband of Elizabeth (Kunzer) Zepf-deceased -
 Wife
 Father's Name David Zepf. Mother's Maiden Name Anna Dovel

Cause of Death { Primary Apoplexy
 Immediate Failure of Nervous System
 How long sick 4 days
 Accident, Suicide, Homicide

Reported by Daniel B. Sprecher M.D.
 Address Sykesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

